

Original Article

Impact of Leadership Styles on Job Performance; from Nurse's Points of View at Benghazi Medical Centre

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ABSTRACT

Background and objectives. The relationship between leadership styles and job performance draws considerable attention from recent researchers. The main objective of this study was to determine the impact of leadership style (autocratic, democratic, and laissez-faire) on job performance from nurse's points of view at Benghazi Medical Centre. **Method.** This study was a descriptive questionnaire-based study conducted on 100 nurses working at Benghazi Medical Centre, Libya. To analyze the data (mean, standard deviation, ANOVA test were used. Furthermore, multiple regressions and Pearson correlation were used to determine whether a relationship exists between the independent and dependent variables. **Result.** Of 100, only 60 questionnaires were completed, giving a response rate of 60%. The findings of this study indicated that democratic was the most dominantly used in the hospital, followed by the autocratic and laissez-faire leadership styles. Whereas, the laissez-faire leadership style had a strong positive and significant impact on performance ($R^2 = .333$; $P < 0.01$). **Conclusion.** Laissez-faire leadership style positively affected nurses' performance. Future research that might be relevant to be further explored are worth.

Keywords: Leadership Style, Impact, Performance, Autocratic, Democratic, Laissez-Faire

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INTRODUCTION

Human resources are the most vital assets at healthcare organizations to deliver healthcare, which nursing represents as the major workforce in the healthcare facilities [1,2]. Nurses are the backbone of medical care, as they are the front-line healthcare providers and their work is complicated and different [3, 4]. Although nurses play a vital role in healthcare organizations' success, the leadership style of a nurse manager can be enhanced or retarded

the interest and commitment of nurses' staff, as well as it can impact positively on building performance. On the other hand, it can also have a negative impact on their performance lead to direct or indirect affecting quality patient care outcomes [5, 6]. The effectiveness of the nurses critically depends on the leadership style adopted by nurse leaders in different situations [7]. Thus, the selection and adoption of leadership styles should be fit organizations, situations, groups, and individuals [8].

Leadership is considered as one of the key determinants associated with the success or failure of any organization [9]. Therefore, successful of the organization is a result of effective leadership and good coordination between leaders and workers [10].

The term leadership is a complex phenomenon as it varies from one person to another as it is used in many different disciplines [6, 10-11]. Leadership can be defined as the art of influencing people so that they will strive willingly towards the achievement of goals [8]. Leadership style is the manner that leaders choose to behave toward employees. In other words, the ability of management to execute collaborated effort depends on leadership capability [8].

Based on the literature, there are several theories of leadership, included traditional theories and new theories. Each theory illustrates some distinct dimension of leadership style and each theory explains the leader and follower relation in different ways [10]. Veliu et al (2017) summarized different types of leadership styles that are most widely used. The styles of leadership include; bureaucratic autocratic, democratic, dictatorial, laissez-faire, charismatic, transactional, and transformational leadership [8]. There are three important types of leadership styles. Autocratic leadership, where a leader is a bossy who restricts power and exclusively makes the decision [12]. All of the authority emanated from the autocratic leader and ends with him [13]. Democratic leadership, where leader concentrates on human relations and teamwork in which employees have the right to participate and make decisions [14]. And Laissez-Faire leadership, in which leaders avoid responsibilities, permits the subordinates to make the decision, and do not have enough control over their subordinates [14].

The relationship between leadership styles and job performance draws considerable attention from recent researchers [10]. According to Lumbasi et al (2016), there exists a significant relationship between leadership style and employee performance and organizational growth in general. it also affects the

ability of employees to achieve corporate goals and objectives [15]. Leaders have a significant impact on subordinate's performance when they care for, respect employees, and allowing them to work with maximum effectiveness, thereby enabling them to achieve better performance [16]. From this standpoint, the nursing leader has to identify the appropriate style of leadership to engage staff nurses in implementation and provide care for quality care and best performance [7].

The concept of performance can be defined in different manners. Jason A et al (2019) defined job performance as "the value of the set of employee behaviors that contribute, either positively or negatively, to the reach the organization goal" [17]. Performance is essential to the workers and the organization as a whole. It is linked directly to job tasks require to attain a job's objectives [8, 16]. The key challenge facing modern organizations today is to recognize the impact of strong leadership on nursing performance and organizational success [16]. In this context, the study aims to examine the impact of leadership styles (democratic, autocratic, and Laissez-Faire) on job performance from nurses' point of view in a Benghazi Medical Centre (BMC).

METHODS

This study was a descriptive questionnaire-based study carried out from November 2019 to April 2020 at Benghazi Medical Centre (BMC). The target population comprised nurses who worked at BMC. In total, 100 questionnaires were distributed and the number of valid and returned questionnaire forms was 60, with a response rate of 60%. The basic tool selected to conduct the study was a questionnaire adapted from the previous studies in this area [18].

The questionnaire encompassed two parts, in addition to the personal data (such as gender, age, marital status, qualification, and years of work experience). The first portion consisted of 42 items grouped into three categories: (autocratic 14 items, democratic 14 items, and laissez-faire 14 items).

Whereas, the second portion consisted of 20 items that explore the level of performance among nurses at BMC.

Items rated on a five-point Likert scale ranging from 1= strongly disagree to 5= strongly agree. The reliability of the tool was tested using Cronbach's Alpha, which values .893 for leadership scale and .897 for job performance.

Before the data was collected, official permission was received from the heads of departments at BMC. The questionnaires were distributed to nurses after explaining the purpose of the study. Verbal consent was taken from the participants and assured anonymity and confidentiality also the withdrawal right was preserved. The questionnaires were left with participants for one week, and then the filled-out questionnaires were collected again.

The retrieved questionnaires were entered into the SPSS program for analysis. Means, standard deviations, and frequencies were used. Pearson correlation and ANOVA (regression analyses) were used to explore the relationship and influence of leadership styles on performance.

RESULTS

General Characteristics

Table (1) demonstrated the personal characteristics of study respondents; the majority was female (61.7%) while the remaining was male. Participants were relatively young with more than three quarters being under 45 years. 38.3% of them aged (35- 44 years), 35% was in age group (25- 34 years) followed by the age group (less than 25 years) was 18.3%, while the least age range was (more than 45 years) which was represented by only 8.3%. More than one-third (41.7%) of the studied participants were single, followed by (38.3%) were married, while the remaining was divorced and widowed.

Regarding education level, it was found that the educational level varied from Diploma to Bachelor. Most of the participants held higher diploma degree

(63.3%), and then diploma degree was holding (30%) while the lowest percentage was for Bachelor degree.

Regarding the participants' work experience, the majority of target respondents have experienced less than 10 years. (41.7%) of respondents were fall into a working experience range between (5 to 9 years), this was followed by (26.7% and 21.7%) for those experienced less than 5 years and form 10 to 14 years respectively. On the other hand, the lowest percentage (10%) was those who had more than 15 years of experience.

Table 1. The Personal Characteristics of Study Respondents

Variables		Frequency	Percentage
Gender	Male	23	38.3%
	Female	37	61.7%
Age	Less than 25 years	11	18.3%
	25- 34 years	21	35%
	35 – 44 years	23	38.3%
	45 – 54 years	5	8.3%
Education Level	Diploma	18	30%
	Higher diploma	38	63.3%
	Bachelor	4	6.7%
Marital Status	Single	25	41.7%
	Married	23	38.3%
	Divorce	8	13.3%
	Widow	4	6.7%
Experience (Years)	Less than 5 years	16	26.7%
	5- 9 years	25	41.7%
	10 – 14 years	13	21.7%
	15 years and more	6	10%

Leadership Styles and Performance

Table 2 illustrates the three leadership styles and performance. Democratic leadership style had the highest mean (3.0952) compared to autocratic leadership (M= 2.9875) and laissez-faire style (M= 2.9667) which means that democratic leadership style was more acceptable for participants compared to autocratic and laissez-faire leadership style. As shown nurses revealed acceptable scores (M= 2.9702) on the performance.

Table 2. Leadership Styles and Performance

Variable	Mean	Std. deviation
Democratic style	3.0952	.74378

Autocratic style	2.9875	.55208
Laissez- faire style	2.9667	.69098
Nurses Performance	2.9702	.75006

Correlation analysis as presented in table 3, showed that the three leadership styles had a significant correlation with performance. Democratic and autocratic leadership style had positive, moderate and significant relationship with performance ($r = .327$, $P < 0.05$ and $r = .365$; $P < 0.01$). Where the laissez-faire leadership style had a strong positive and significant relationship with performance ($r = .573$; $P < 0.01$). The finding revealed that all leadership styles in the current study influence and correlate with nurse performance.

Table 3. Correlation between Leadership Style and Nurses Performance

Variables	Democratic	Laissez-faire	Autocratic	Performance
Democratic	1	.508 **	.517 **	.327 *
Laissez-faire		1	.558 **	.573 **
Autocratic			1	.365 **
Performance				1

** Significant level 01, * significant level .05

Regression analysis:

The overall model for the nurses' performance demonstrated the degree of relationship between the independent variable (three leadership styles) and dependent variable (nurses' performance) which R square valued 0.333 and R 0.577 at the significant level (0.05). R square indicated 33.3% of the nurses' performance can be predicted by leadership style which showed a weak connection between leadership style and nurses performance.

Table 4. Model Summary

Model	R	R Square	Adjust R Square	Std. the Error of the Estimate
1	.577	.333	.296	.62769
a. Predictors: (constant), Autocratic, democratic, laissez-faire leadership				
b. Dependent variable: nurses performance				

According to the table (5), the SSR (10.610) was less than the RSS (21.257) that illustrated that more of the disparity in the dependent variable was elucidated and P-value (0.00) which was statistically significant.

Table 5. ANOVA (Multiple regression analysis)

Model 1	Sum of Square	Df	Mean Square	F	Sig.
Regression	10.610	3	3.537	8.977	0.00 a
Residual	21.257	54	.456		
Total	31.885	57			

As shown in the table 6, beta coefficient of democratic leadership style was (.005) and $t = .039$ with significant value of 0.969 which higher than 0.01. In addition to, autocratic leadership style was ($\beta = 0.076$; $t = 0.542$; $P = 0.590$), thus democratic and autocratic leadership style insignificantly impact on nurses performance. Whereas, laissez-faire leadership style ($\beta = 0.529$; $t = 3.758$; $P = 0.000$), P-value was lower than 0.01, this result showed that the nurses performance was influenced by laissez-faire leadership style.

Table 6. Coefficient of leadership styles

Model		Un-standardized coefficient		Standardized coefficient	t	Sig.
		B	Std. Error			
1	Constant	.828	.489		1.692	.096
	Democratic	.005	.138	.005	.039	.969
	Laissez-faire	.617	.164	.529	3.758	.000
	Autocratic	.101	.186	.076	.542	.590
a. Dependent variable: Nurses Performance						

DISCUSSION

Leadership in a healthcare organization is an essential component for assuring the quality of health services and employees' performance. The

effectiveness of the nurses critically depends on the leadership style adopted by nurse leaders in different situations [7]. Effective leadership style allows workers to make extraordinary performance. Therefore, this study has focused on the impact of leadership styles on nurses' performance.

The results revealed that three leadership styles exist in the hospital under study and the predominant leadership style perceived by nurses was the democratic leadership style. Nurses' managers involved nurses in the decision making and taking their suggestions into the account and improving creativity among nurses. The finds of this study were in line with a previous study in Malaysia by Basit et al. (2017) [12]. Contrary to this study, a study in South Africa found that the autocratic leadership style was the prevalent style compared with other styles [14].

Based on the study findings laissez-faire leadership was found to be the highest positive significant relationship and performance, followed by democratic and autocratic leadership styles. This demonstrated that when the laissez-faire approach was applied, the performance of employees would increase. Coincided with findings of (Bambale et al., 2011) study has proved that, although laissez-faire leadership was one of the highest observed leadership styles among the four hospitals, these unexpected results raise many questions about the effectiveness of laissez-faire managers in the hospitals under study [19]. In contradiction with the present study findings, Shafie in Tehran (2013) pointed out that there was a significantly negative relationship between laissez-faire style and performance. When the manager used more of a laissez-faire style, performance was reduced [20].

The results of the study also demonstrated that there was a positive impact of leadership styles on the job performance in the hospital under study, with

determination factor ($R^2=0.333$), that was mean leadership styles explained 33.3% of the variation in job performance. Furthermore, the findings reported that laissez-faire leadership had a positive significant impact on nurses' performance rather than democratic style. This was congruent with Basit et al., (2017) and Al Khajeh (2018) who elucidated that the democratic style perceived a positive significant impact on the organizational performance rather than the laissez-faire style [12, 9]. In contradiction with the present study findings, Velu et al. (2017) mentioned that laissez-faire leadership had a negative effect on employee performance. While the democratic and autocratic leadership styles had a positive effect on employee performance [8].

There were few limitations of this study that need attention. It was conducted on one faculty, a small sample, and concentrated merely on nurses. Besides that, it used three leadership styles: (Autocratic, Laissez-faire, and Democratic).

CONCLUSION

This study concluded that the laissez-faire leadership positively impacted employee performance. The approach of laissez-faire leadership could be effective when employees are highly skilled, experienced, and educated.

The study recommended that nursing leaders should enhance the nursing work environment in hospital by practicing appropriate leadership styles and encourage greater participation of nursing staff in the decision-making process. Future studies should be conducted using a large sample size, different professions, and other public or private hospitals to generalize the findings. Using contemporary leadership styles such as transactional and transformational leadership styles should be conducted.

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Disclaimer

The article has not been previously presented or published and is not part of a thesis project.

Conflict of Interest

There are no financial, personal, or professional conflicts of interest to declare.

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